**STATE OF CONNECTICUT**
**DEPARTMENT OF PUBLIC HEALTH**

**OFFICE USE ONLY**
LICENSE NO.: _____
DATE ISSUED: _____
EXP. DATE: _____

## APPLICATION FOR LICENSURE TO PRACTICE AS A REGISTERED NURSE

Please check one: ☐ ENDORSEMENT ☐ REINSTATEMENT ☐ EXAMINATION

Last Name: _____ First Name: _____ MI: ___ Maiden Name: _____

Date of Birth: _____/_____/_____ Social Security No.: _____-_____-_____ Gender:_____

Name and Mailing Address: This will be how your name and address will appear on your official license, your address of record for all mailings from this office and releasable pursuant to Freedom of Information requests.

Name on License: _____

Address: _____

_____

City, State, Zip: _____

Daytime Phone Number: (_____) _____-_____ E-mail: _____

**NURSING EDUCATION:**
School of nursing: _____ School program code: _____ (Exam candidates only)

Address: _____
No. & Street City State Zip Code

Month & year entered: _____ Month & year completed: _____ Length of course: _____

Have you ever taken the SBTPE or NCLEX for registered nurse in Connecticut or in any other state?
Yes ☐ No ☐. If yes, where and when? _____

***At the exam, do you require accommodation for any disabling condition? Yes ☐ No ☐. If Yes, attach a separate written statement to the application, briefly describing the nature of your disability and the accommodation you are seeking. Upon review of your request, this office will contact you for appropriate documentation.***

**List all states/territories/Canadian provinces in which you are now or have ever been licensed. Please attach an additional sheet if needed.**

Name under which you were originally licensed: _____

| STATE | LICENSE NO. | EXPIRATION DATE | TYPE: (LPN, RN, APRN) |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
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**PROFESSIONAL HISTORY.** Please answer each question below, referring to the instructions if applicable.

1. Have you ever been censured, disciplined, dismissed or expelled from, been put on probation, or been requested to resign or withdraw from any health care institution or agency, or third party reimbursement program, whether governmental or private? **YES** ☐ **NO** ☐

***If your answer is "yes", give full details, names, addresses, etc. on separate notarized statement.***

2. Have you ever had your membership in or certification by any professional society or association suspended or revoked for reasons related to professional practice? **YES** ☐ **NO** ☐

***If your answer is "yes", give names of professional society or association, date and reasons your membership or certification was suspended or revoked on a separate notarized statement.***

3. Have you ever, in any state, the District of Columbia, a United States possession or territory, any branch of the armed services, or a foreign jurisdiction:

a) had any professional licensing or disciplinary body limit, restrict, suspend or revoke any professional license, certificate, or registration granted to you, or impose a fine or reprimand, or take any other disciplinary action against you? **YES** ☐ **NO** ☐

b) in anticipation or during the pendency of an investigation or other disciplinary proceeding, voluntarily surrendered any professional license, certificate, or registration? **YES** ☐ **NO** ☐

c) been subject to, or do you currently have pending, any complaint, investigation, charge, or disciplinary action by any professional licensing or disciplinary body? You need not report any complaints dismissed as without merit. **YES** ☐ **NO** ☐

d) entered into, or do you currently have pending, a consent agreement of any kind, whether oral or written, with any professional licensing or disciplinary body? **YES** ☐ **NO** ☐

***If your answer is "yes", give full details, names, addresses, etc. on separate notarized statement.***

4. Have you ever been found guilty or convicted as a result of an act which constitutes a felony under the laws of this state, federal law or the laws of another jurisdiction and which, if committed within this state, would have constituted a felony under the laws of this state? **YES** ☐ **NO** ☐

***If your answer is "yes", give full details, dates, etc. on a separate notarized statement and furnish a Certified Court Copy (with court seal affixed) of the original complaint, the answer, the judgment, the settlement, and/or the disposition.***

**PHOTOGRAPH:**

***Affix a recent photograph of applicant here.***

**TEMPORARY PERMIT**

**(For endorsement/reinstatement applicants only)**

***If applying for a temporary permit please affix here a copy of current, valid license to practice nursing in any U.S. state or territory. License must show expiration date.***

**NOTARIZATION:**

On this _____ day of _____ of 200 ___, _____ (**applicant's name**) personally appeared before me, who being duly sworn says that she/he is the person referred to in the foregoing application, the photograph attached hereto is a true picture of self, the copy of the license above is valid and belongs to the such person and that the statements made herein are true in every respect.

_____ Sworn to before me this ___ day of _____ of 200 __.

***SIGNATURE OF APPLICANT***

_____ My commission expires _____

***SIGNATURE OF NOTARY PUBLIC***

Please return this application and fee for $90.00 (certified check or money order) made payable to, “Treasurer, State of Connecticut” to:

Department of Public Health
Registered Nurse Licensure- Remittance Unit
410 Capitol Avenue MS#**12MQA**
P.O. Box 340308
Hartford, CT 06134-0308.

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